

EXHIBIT A

LAW OFFICE OF ROBERT HYNES
282B Hobart Street
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Phone: (732) 442-7747
ID NO: 0003231992

MAYRA CRUZ,	:	SUPERIOR COURT OF
	:	NEW JERSEY
	:	LAW DIVISION
	:	MIDDLESEX COUNTY
Plaintiff,	:	
	:	Docket No.
v.	:	
	:	CIVIL ACTION
WALMART/SAM'S CLUB,	:	
	:	COMPLAINT, JURY DEMAND
	:	DESIGNATION OF TRIAL
	:	COUNSEL, CERTIFICATION
Defendants.	:	

FIRST COUNT

Plaintiff, MAYRA CRUZ, residing at 2 Reler Lane, Township of Somerset, County of Somerest and State of New Jersey, by way of Complaint against the defendants, says:

1. At all times hereinafter mentioned, the defendant, WALMART/SAM'S CLUB, hereinafter referred to as "SAM'S CLUB", was and is a domestic corporation, duly organized and existing by virtue of the laws, statutes and charters of the State of New Jersey, with a commercial address of 883 US 1, Edison, New Jersey.

2. On or about August 7, 2020, the plaintiff, MAYRA CRUZ, was lawfully on the premises known as SAM'S CLUB, located at 883 US 1, Edison, New Jersey, when she was injured.

2. At the time and place aforesaid, the defendant, SAM'S CLUB, negligently and/or carelessly owned, operated, managed and/or maintained the premises so as to cause the plaintiff to become injured.

3. As a direct and proximate result of the joint and several negligence of the defendant, as aforesaid, plaintiff, MAYRA CRUZ, sustained serious and permanent personal injuries. She has suffered and will in the future suffer pain; and she has and will in the future be forced to expend large sums of money for medical care and attention; she has lost and will in the future lose large sums of money for wages; she has been and will in the future be unable to pursue her normal daily activities as before.

WHEREFORE, plaintiff, MAYRA CRUZ, demands judgment against the defendants either jointly, severally or in the alternative for damages together interest and cost of suit.

SECOND COUNT

1. Plaintiff repeats and re-alleges each and every allegation contained in the First Count of the Complaint, as if each were more fully set forth herein at length.

2. Defendants, JOHN DOES and/or ABC CORPS., said names being fictitious representing unknown identities of such other individuals, supervisors, managers, supervisor of personnel, agents, servants, brokers, employees, contractor and/or subcontractors whose acts of negligence may have caused or contributed to the injuries sustained by the plaintiff.

3. At such time as the identities of these fictitiously pleaded tortfeasors are ascertained, the plaintiff shall seek to amend this complaint so as to substitute the actual identities of these individuals or businesses. Plaintiff attributes each and every act of negligence alleged against the named defendants hereto to those who are fictitiously pleaded as if they were more specifically set forth in their entirety.

WHEREFORE, the plaintiff demands judgment against the defendants jointly, severally or in the alternative, for compensatory damages, lost wages, costs of suit, interest and such other relief as the Court may deem just and proper.

JURY DEMAND

PLEASE TAKE NOTICE that plaintiff hereby demands a trial by jury pursuant to R. 4:35-1.

DEMAND FOR ANSWERS TO INTERROGATORIES

Pursuant to Rule 4:17-1(b), the plaintiff hereby demands the defendants provide answers to the uniform Interrogatories set forth in Form C and C (1) of Appendix II of the Rules Governing the Courts of the State of New Jersey.

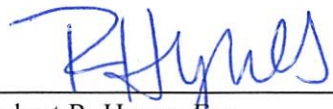
TRIAL COUNSEL DESIGNATION

PURSUANT to R. 4:25-4, please be advised that ROBERT R. HYNES, ESQ. is hereby designated as trial counsel for the plaintiff in the above entitled action.

CERTIFICATION


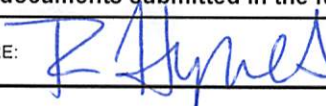
PURSUANT to Rule 4:5-1, I hereby certify that to the best of my knowledge no action is pending or is contemplated in any Court or arbitration proceeding with respect to the attached pleading. As of this date, I know of no other parties who should be joined.

LAW OFFICE OF ROBERT HYNES
Attorney for Plaintiff

BY: 
Robert R. Hynes, Esq.

DATED: July 26, 2022

Appendix XII-B1

	CIVIL CASE INFORMATION STATEMENT (CIS)		FOR USE BY CLERK'S OFFICE ONLY	
	Use for initial Law Division Civil Part pleadings (not motions) under <i>Rule 4:5-1</i> Pleading will be rejected for filing, under <i>Rule 1:5-6(c)</i>, if information above the black bar is not completed or attorney's signature is not affixed		PAYMENT TYPE: <input type="checkbox"/> CK <input type="checkbox"/> CG <input type="checkbox"/> CA CHG/CK NO. _____ AMOUNT: _____ OVERPAYMENT: _____ BATCH NUMBER: _____	
	ATTORNEY / PRO SE NAME Robert R. Hynes, Esq.		TELEPHONE NUMBER (732) 442-7747	
	COUNTY OF VENUE Middlesex		DOCKET NUMBER (when available)	
FIRM NAME (if applicable) Law Office of Robert Hynes			OFFICE ADDRESS 282B Hobart Street, Perth Amboy, NJ 08861	
DOCUMENT TYPE Complaint			JURY DEMAND <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
NAME OF PARTY (e.g., John Doe, Plaintiff) MAYRA CRUZ		CAPTION MAYRA CRUZ v. Walmart/Sam's Club		
CASE TYPE NUMBER (See reverse side for listing) 605	HURRICANE SANDY RELATED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IS THIS A PROFESSIONAL MALPRACTICE CASE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO IF YOU HAVE CHECKED "YES," SEE N.J.S.A. 2A:53 A -27 AND APPLICABLE CASE LAW REGARDING YOUR OBLIGATION TO FILE AN AFFIDAVIT OF MERIT.		
RELATED CASES PENDING? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		IF YES, LIST DOCKET NUMBERS		
DO YOU ANTICIPATE ADDING ANY PARTIES (arising out of same transaction or occurrence)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		NAME OF DEFENDANT'S PRIMARY INSURANCE COMPANY (if known) Walmart Claim Services <input type="checkbox"/> NONE <input type="checkbox"/> UNKNOWN		
THE INFORMATION PROVIDED ON THIS FORM CANNOT BE INTRODUCED INTO EVIDENCE.				
CASE CHARACTERISTICS FOR PURPOSES OF DETERMINING IF CASE IS APPROPRIATE FOR MEDIATION				
DO PARTIES HAVE A CURRENT, PAST OR RECURRENT RELATIONSHIP? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		IF YES, IS THAT RELATIONSHIP: <input type="checkbox"/> EMPLOYER/EMPLOYEE <input type="checkbox"/> FRIEND/NEIGHBOR <input type="checkbox"/> OTHER (explain) <input type="checkbox"/> FAMILIAL <input type="checkbox"/> BUSINESS		
DOES THE STATUTE GOVERNING THIS CASE PROVIDE FOR PAYMENT OF FEES BY THE LOSING PARTY? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
USE THIS SPACE TO ALERT THE COURT TO ANY SPECIAL CASE CHARACTERISTICS THAT MAY WARRANT INDIVIDUAL MANAGEMENT OR ACCELERATED DISPOSITION				
DO YOU OR YOUR CLIENT NEED ANY DISABILITY ACCOMMODATIONS? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		IF YES, PLEASE IDENTIFY THE REQUESTED ACCOMMODATION		
WILL AN INTERPRETER BE NEEDED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		IF YES, FOR WHAT LANGUAGE? Spanish		
I certify that confidential personal identifiers have been redacted from documents now submitted to the court, and will be redacted from all documents submitted in the future in accordance with <i>Rule 1:38-7(b)</i> .				
ATTORNEY SIGNATURE: 				

Civil Case Information Statement

Case Details: MIDDLESEX | Civil Part Docket# L-003715-22

Case Caption: CRUZ MAYRA VS WALMART/SAM'S CLUB

Case Initiation Date: 07/28/2022

Attorney Name: ROBERT RICHARD HYNES

Firm Name: ROBERT HYNES

Address: 282B HOBART ST

PERTH AMBOY NJ 08861

Phone: 7324427747

Name of Party: PLAINTIFF : Cruz, Mayra

Name of Defendant's Primary Insurance Company

(if known): Walmart Claims Services, Inc.

Case Type: PERSONAL INJURY

Document Type: Complaint with Jury Demand

Jury Demand: YES - 12 JURORS

Is this a professional malpractice case? NO

Related cases pending: NO

If yes, list docket numbers:

Do you anticipate adding any parties (arising out of same transaction or occurrence)? NO

Does this case involve claims related to COVID-19? NO

Are sexual abuse claims alleged by: Mayra Cruz? NO

THE INFORMATION PROVIDED ON THIS FORM CANNOT BE INTRODUCED INTO EVIDENCE

CASE CHARACTERISTICS FOR PURPOSES OF DETERMINING IF CASE IS APPROPRIATE FOR MEDIATION

Do parties have a current, past, or recurrent relationship? NO

If yes, is that relationship:

Does the statute governing this case provide for payment of fees by the losing party? NO

Use this space to alert the court to any special case characteristics that may warrant individual management or accelerated disposition:

Do you or your client need any disability accommodations? NO

If yes, please identify the requested accommodation:

Will an interpreter be needed? YES

If yes, for what language:

SPANISH

Please check off each applicable category: Putative Class Action? NO Title 59? NO Consumer Fraud? NO

I certify that confidential personal identifiers have been redacted from documents now submitted to the court, and will be redacted from all documents submitted in the future in accordance with *Rule* 1:38-7(b)

07/28/2022

Dated

/s/ ROBERT RICHARD HYNES

Signed